

<i>SERFF Tracking Number:</i>	<i>EMCN-125815228</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>EMC National Life Company</i>	<i>State Tracking Number:</i>	<i>40305</i>
<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>L07I Individual Life - Whole</i>	<i>Sub-TOI:</i>	<i>L07I.121 Graded Premium - Single Life</i>
<i>Product Name:</i>	<i>Whole Life Insurance Policy</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Filing at a Glance

Company: EMC National Life Company	SERFF Tr Num: EMCN-125815228	State: ArkansasLH
Product Name: Whole Life Insurance Policy	SERFF Status: Closed	State Tr Num: 40305
TOI: L07I Individual Life - Whole	Co Tr Num:	State Status: Approved-Closed
Sub-TOI: L07I.121 Graded Premium - Single Life		
Filing Type: Form	Co Status:	Reviewer(s): Linda Bird
	Author: Daryl Schoenfeld	Disposition Date: 10/29/2008
	Date Submitted: 09/19/2008	Disposition Status: Approved
Implementation Date Requested: On Approval		Implementation Date:
State Filing Description:		

General Information

Project Name:	Status of Filing in Domicile: Authorized
Project Number:	Date Approved in Domicile: 09/12/2008
Requested Filing Mode: Review & Approval	Domicile Status Comments: Approved by the Iowa Insurance Division.
Explanation for Combination/Other:	Market Type: Individual
Submission Type: New Submission	Group Market Size:
Overall Rate Impact:	Group Market Type:
Filing Status Changed: 10/29/2008	
State Status Changed: 10/29/2008	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	

Attached for your review and approval is a new whole life insurance policy and application. These are new forms and do not replace any previously approved forms. They were approved by the Iowa Insurance Division September 12, 2008.

This policy will be offered by our licensed representatives to individual applicants and to individual applicants in the non-group worksite market. It is not an illustrated policy. This submission does not contain any unusual or possibly

SERFF Tracking Number: EMCN-125815228 State: Arkansas
Filing Company: EMC National Life Company State Tracking Number: 40305
Company Tracking Number:
TOI: L071 Individual Life - Whole Sub-TOI: L071.121 Graded Premium - Single Life
Product Name: Whole Life Insurance Policy
Project Name/Number: /

controversial items that may deviate from normal company or industry standards.

Please review this and inform us of your approval. Thank you.

Company and Contact

Filing Contact Information

Daryl Schoenfeld, Assistant Secretary
4095 NW Urbandale Drive
Urbandale, IA 50322-7914

Dschoenfeld@emcnl.com
(515) 345-4094 [Phone]

Filing Company Information

EMC National Life Company
4095 NW Urbandale Drive
Urbandale, IA 50322-7914
(515) 645-4000 ext. 4094[Phone]

CoCode: 62928
Group Code:
Group Name:
FEIN Number: 42-0868851

State of Domicile: Iowa
Company Type: L and Health
State ID Number:

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation:
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
EMC National Life Company	\$50.00	09/19/2008	22608917

SERFF Tracking Number: *EMCN-125815228*

State: *Arkansas*

Filing Company: *EMC National Life Company*

State Tracking Number: *40305*

Company Tracking Number:

TOI: *L071 Individual Life - Whole*

Sub-TOI: *L071.121 Graded Premium - Single Life*

Product Name: *Whole Life Insurance Policy*

Project Name/Number: */*

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	10/29/2008	10/29/2008

SERFF Tracking Number: *EMCN-125815228*

State: *Arkansas*

Filing Company: *EMC National Life Company*

State Tracking Number: *40305*

Company Tracking Number:

TOI: *L071 Individual Life - Whole*

Sub-TOI: *L071.121 Graded Premium - Single Life*

Product Name: *Whole Life Insurance Policy*

Project Name/Number: */*

Disposition

Disposition Date: 10/29/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>EMCN-125815228</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>EMC National Life Company</i>	<i>State Tracking Number:</i>	<i>40305</i>
<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>L071 Individual Life - Whole</i>	<i>Sub-TOI:</i>	<i>L071.121 Graded Premium - Single Life</i>
<i>Product Name:</i>	<i>Whole Life Insurance Policy</i>		
<i>Project Name/Number:</i>	/		

Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice		Yes
Supporting Document	Application		No
Supporting Document	Life & Annuity - Acturial Memo		No
Form	Whole Life Insurance Policy		Yes
Form	Application		Yes

SERFF Tracking Number: EMCN-125815228 State: Arkansas
Filing Company: EMC National Life Company State Tracking Number: 40305
Company Tracking Number:
TOI: L071 Individual Life - Whole Sub-TOI: L071.121 Graded Premium - Single Life
Product Name: Whole Life Insurance Policy
Project Name/Number: /

Form Schedule

Lead Form Number: ELP002 (9-08)

Review Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	ELP002 (9-08)	Policy/Cont Whole Life Insurance Initial ract/Fratern Policy al Certificate	Initial		50	ELP002_0908.pdf
	EAP007 (9-08)	Application/ Application Enrollment Form	Initial		56	EAP007.pdf



EMC[®] National Life Company

P.O. Box 9202 ■ Des Moines, IA 50306-9202 ■ 1.800.232.5818 ■ www.EMCNationalLife.com

INSURED	JOHN DOE		
DATE OF ISSUE	SEPTEMBER 1, 2008	\$19.30	INITIAL PREMIUM
POLICY NUMBER	SAMPLEXX	MONTHLY	PREMIUM INTERVAL

This Policy will be effective at 12:01 A.M. on the date of issue shown above.

EMC National Life Company (called "the Company") will pay the Beneficiary the death proceeds upon receipt of due proof that the Insured died while this Policy is in force. This promise is made in consideration of the payment of premiums and is subject to the provisions of this Policy.

The Company will also provide the other rights and benefits in accordance with the terms of this Policy.

THIRTY DAY RIGHT TO EXAMINE POLICY

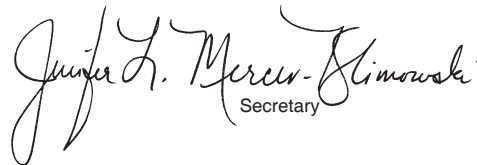
RIGHT TO CANCEL. At any time within 30 days after receipt of the Policy by the Owner, this Policy may be returned by the Owner for cancellation by delivering it or mailing it to the Company or our agent. Such delivery or mailing of the Policy by the Owner will void the Policy from the date of issue. The parties will be in the same position as if no Policy or contract had been issued. Any premium paid for the Policy will be refunded to the Owner.

READ YOUR POLICY CAREFULLY. This Policy is a legal contract between the Owner and the Company.

Signed for EMC National Life Company, Urbandale, Iowa, on the date of issue.



President



Secretary

Whole Life Policy • Insurance Payable at the Death of Insured •
Guaranteed Premiums Payable for Premium Period Shown or Until Death of Insured •
Non-Participating

ALPHABETICAL GUIDE TO YOUR CONTRACT

	PAGE
Beneficiary	10
Benefit Payment Options	7
Death Benefit	5
Guaranteed Values.....	6
General Provisions	11
Loan Provisions	7
Nonforfeiture Provisions	6
Ownership and Assignment	10
Policy Data	3
Policy Loans.....	7
Premiums	5
Schedule of Benefits and Premiums.....	3
Table of Annual Premiums	3B
Table of Nonforfeiture Values	3A

EMC NATIONAL LIFE COMPANY

POLICY DATA

INSURED	JOHN DOE		
INITIAL PREMIUM	\$19.30	STD-N	PREMIUM CLASS
PREMIUM INTERVAL	1 MONTH	35	AGE OF INSURED
DATE OF ISSUE	SEPTEMBER 1, 2008	86 YEARS	PREMIUM PERIOD
POLICY NUMBER	SAMPLEXX	\$20,000	AMOUNT OF INSURANCE

SCHEDULE OF BENEFITS AND PREMIUMS

	AMOUNT OF INSURANCE	INITIAL ANNUAL PREMIUM	PAYABLE TO DATE SHOWN OR DEATH
BASIC POLICY	\$20,000	\$231.60	SEPTEMBER 1, 2094

PREMIUM INTERVAL	ANNUAL	SEMI-ANNUAL	QUARTERLY	MONTHLY
INITIAL PREMIUM AMOUNT	\$231.60	\$115.80	\$57.90	\$19.30

THIS PAGE INTENTIONALLY LEFT BLANK

POLICY DATA (CONTINUED)
TABLE OF NONFORFEITURE VALUES

FORM NUMBER: ELP002 (9-08) BASIC POLICY PLAN: WHOLE LIFE INSURANCE

INSURED: JOHN DOE ISSUE AGE: 35

POLICY NUMBER: SAMPLEXX

BASIS OF COMPUTATIONS
INTEREST RATE USED FOR BASIS OF COMPUTATIONS IS 5%.

POLICY YEAR	CASH VALUE	EXTENDED YEARS	TERM DAYS	DEATH BENEFIT
1	0	0	0	20,000
2	0	0	0	20,000
3	0	0	0	20,000
4	0	0	0	20,000
5	0	0	0	20,000
6	46	1	264	20,000
7	125	4	64	20,000
8	206	6	22	20,000
9	288	7	214	20,000
10	371	8	281	20,000
11	455	9	232	20,000
12	539	10	90	20,000
13	624	10	246	20,000
14	709	10	355	20,000
15	795	11	53	20,000
16	880	11	76	20,000
17	963	11	60	20,000
18	1,044	11	13	20,000
19	1,121	10	301	20,000
20	1,192	10	199	20,000
AGE 60	1,460	7	104	20,000
AGE 65	1,505	5	160	20,000

THIS PAGE INTENTIONALLY LEFT BLANK

PREMIUM SCHEDULE PAGE
TABLE OF ANNUAL PREMIUMS

FORM NUMBER: ELP002 (9-08)

BASIC POLICY PLAN: WHOLE LIFE INSURANCE

INSURED: JOHN DOE

ISSUE AGE: 35

POLICY NUMBER: SAMPLEXX

BEGINNING OF YEAR	ATTAINED AGE	GUARANTEED ANNUAL PREMIUM	BEGINNING OF YEAR	ATTAINED AGE	GUARANTEED ANNUAL PREMIUM
1	35	231.60	44	78	1,771.40
2	36	231.60	45	79	1,771.40
3	37	231.60	46	80	1,771.40
4	38	231.60	47	81	1,771.40
5	39	231.60	48	82	1,771.40
6	40	231.60	49	83	1,771.40
7	41	231.60	50	84	1,771.40
8	42	231.60	51	85	5,582.00
9	43	231.60	52	86	5,582.00
10	44	231.60	53	87	5,582.00
11	45	231.60	54	88	5,582.00
12	46	231.60	55	89	5,582.00
13	47	231.60	56	90	5,582.00
14	48	231.60	57	91	5,582.00
15	49	231.60	58	92	5,582.00
16	50	231.60	59	93	5,582.00
17	51	231.60	60	94	5,582.00
18	52	231.60	61	95	5,903.00
19	53	231.60	62	96	5,903.00
20	54	231.60	63	97	5,903.00
21	55	231.60	64	98	5,903.00
22	56	231.60	65	99	5,903.00
23	57	231.60	66	100	5,903.00
24	58	231.60	67	101	5,903.00
25	59	231.60	68	102	5,903.00
26	60	231.60	69	103	5,903.00
27	61	231.60	70	104	5,903.00
28	62	231.60	71	105	5,903.00
29	63	231.60	72	106	5,903.00
30	64	231.60	73	107	5,903.00
31	65	729.80	74	108	5,903.00
32	66	729.80	75	109	5,903.00
33	67	729.80	76	110	5,903.00
34	68	729.80	77	111	5,903.00
35	69	729.80	78	112	5,903.00
36	70	729.80	79	113	5,903.00
37	71	729.80	80	114	5,903.00
38	72	729.80	81	115	5,903.00
39	73	729.80	82	116	5,903.00
40	74	729.80	83	117	5,903.00
41	75	1,771.40	84	118	5,903.00
42	76	1,771.40	85	119	5,903.00
43	77	1,771.40	86	120	5,903.00

THIS PAGE INTENTIONALLY LEFT BLANK

Throughout this Policy, the words "We," "Us," "Our" or "Company" refer to EMC National Life Company. The words "You" and "Your" refer to the Policy Owner; the Owner may or may not be the Insured. Any words in the masculine also include the feminine. Except where context requires otherwise, plural words include the singular, and singular words include the plural.

I. DEATH BENEFIT

DEATH PROCEEDS

If the Insured dies while this Policy is in force, the death proceeds payable to the Beneficiary will be

1. The amount of insurance; and
2. Any premium paid which applies to a period after the date of death of the Insured;
3. Less the portion of any premium due and unpaid which applies to a period prior to the date of death of the Insured; and
4. Less any outstanding Policy loan and interest.

II. PREMIUMS

PAYMENT OF PREMIUMS

You must pay Us each premium when due during the premium period for the amount of premium shown on page 3B Table of Annual Premiums adjusted for the selected mode as shown on page 3. You must pay all premiums on or before the due date. Premiums should be sent to the Company at its Home Office. We will send You a receipt if You request one.

You may change the mode of premium payment subject to the following:

1. You must send Us a written request before the grace period expires for payment of premium.
2. A premium payment must fall due on a modal Policy anniversary date.
3. We must make the change based on Our rates and rules in effect on the Date of Issue.

GRACE PERIOD

We will allow a grace period of 31 days for payment of each premium after the first. This Policy will continue in force during the grace period. If the Insured dies during the grace period, We will pay the death benefit after deducting the premium due at the beginning of the grace period.

AUTOMATIC PREMIUM LOAN PROVISION

The automatic premium loan may be elected by writing to Us; it may be canceled at a later date by giving Us written notice.

If the automatic premium loan provision has been elected and is in effect, any premium which remains unpaid by the end of the grace period will be paid by automatic premium loan. The amount of the premium, plus interest at the rate of 7.4% per year, payable in advance, will be charged as a loan against the cash value. If the loan is not large enough to pay the premium, the loan will be for the next smaller method of modal premium payment which the loan value will cover. If the loan value is not large enough to pay a monthly premium, then the nonforfeiture provisions will apply.

DEFAULT IN PAYMENT OF PREMIUMS

A default occurs any time the premium due has not been paid before the end of its grace period. In the event of default, the Policy terminates on the premium due date. However, some or all of the protection of this Policy may continue as provided by the nonforfeiture provisions.

REINSTATEMENT

You may reinstate this Policy within five years of termination in a premium class as determined by the Company at the time of reinstatement, provided that

1. It has not been surrendered for its cash value;
2. A completed Application for Reinstatement is presented which satisfies the Company that the Insured is insurable under the Company's rules in effect as of the date of reinstatement;
3. All past due premiums with interest at 6% compounded annually are paid; and
4. Any Policy loans and loan interest on this Policy existing at termination with interest at 7.4% payable in advance and compounded annually are either repaid or reinstated.
5. The suicide exclusion provision will apply, commencing with the date of reinstatement.

III. NONFORFEITURE PROVISIONS

CASH VALUE AND OPTIONS

The cash value of this Policy at the end of each Policy year is the amount shown in the table of nonforfeiture values less any loan and loan interest. The Policy may be surrendered at any time for the cash value. If the Policy is surrendered, you may choose one of the following options within 60 days after the due date of an unpaid premium, subject to the Company rules in effect at the time of your election.

1. **CASH** – We will pay the cash value in one sum. We may defer payment up to six months (30 days in West Virginia). Coverage terminates the date the Policy is surrendered for the cash payment.
2. **EXTENDED TERM INSURANCE** – You can continue your Policy as extended term insurance for an amount equal to the current death benefit, less any Policy loan and loan interest. The period of extended term insurance will begin on the due date of the first premium which you did not pay. The period is calculated using the cash value as a net single premium at the Insured's attained age last birthday. This option is available only if this Policy is in the standard premium class. Extended term insurance has a cash value which you cannot borrow. Any cash value in excess of that required to purchase such extended term insurance through the end of the insurance period will be paid to you in cash.

Between Policy anniversaries, the amount of cash value and the term of extended term insurance will be calculated with due allowance for the lapse of time and payments of any fractional premiums.

If you continue your Policy under option 2, it may be surrendered at a later time for its then cash value. The cash value within 30 days after any Policy anniversary will not be less than the cash value on the Policy anniversary date.

AUTOMATIC NONFORFEITURE PROVISION

If the premium is not paid within 31 days after the date it is due, any cash value will be used to continue this Policy as extended term insurance. If you wish to receive the cash value in one sum, you must do so within 60 days after the due date of the unpaid premium.

IV. GUARANTEED VALUES

BASIS OF COMPUTATIONS

The calculations of the cash values, present values and net single premiums are based on certain mortality tables and interest rates. These are authorized by state law.

We use the Commissioners 2001 Standard Ordinary Mortality Tables, Unisex Table D, smoker or nonsmoker. Calculations are based on the age last birthday and annual compound interest as shown on the Policy specification page 3A. We assume that death occurs at the end of the Policy year.

Your Policy values are equal to or greater than those required by law. We have filed a statement with the insurance officials of your state where your Policy was issued. The statement outlines the methods used to determine your Policy values. Cash values are equal to the present value of future benefits minus the present value of future adjusted premiums. If you write Us, We will tell you the cash values for any years not shown.

V. POLICY LOANS

TERMS OF LOAN

You may obtain a Policy loan with this Policy as the sole security. The total amount of all loans outstanding may not exceed the loan value.

The interest rate on Policy loans will be 7.4%, per year, payable in advance. Any interest not paid when due will be added to the loan principal and will bear interest at the same rate. Interest will be charged from the date of the loan to the date payment is received by Us.

LOAN VALUE

The loan value of this Policy will be equal to the cash value of this Policy.

If this Policy is in force as extended term insurance, it has no loan value.

REPAYMENT

A Policy loan may be repaid in full or in part at the Company's home office while the policy is in force prior to the death of the insured.

TERMINATION OF POLICY

At any time the Policy loan and loan interest equal or exceed the loan value, this Policy will terminate without further value. However, in no event will such termination be effective until 31 days after a notice has been mailed to the last known address of the owner and any assignee of record.

VI. BENEFIT PAYMENT OPTIONS

PAYMENT

The proceeds of this Policy will be payable if We receive satisfactory proof of the Insured's death. The proceeds will be paid in a single sum unless a settlement option has been selected. All or part of this sum may be applied under any benefit payment option. Proper proof of any claim under this Policy must be submitted in writing to the Company at its Home Office.

ELECTION OF BENEFIT PAYMENT OPTION

BY OWNER -

During the lifetime of the Insured, the Owner may elect any benefit payment option. The Owner may change any election unless the right to change the manner of payment has been given up.

BY BENEFICIARY -

At the time proceeds are payable, a Beneficiary may elect or change any benefit payment option if

1. The proceeds are available to the Beneficiary in one sum; or
2. The right to change has been provided by a previous Owner.

BENEFIT PAYMENT OPTIONS - OTHER THAN A LUMP SUM

A. **INCOME FOR A SELECTED PERIOD** - The Company will make payments for a selected period not exceeding 30 years. Interest at a rate set by the Company, but never less than 2% a year, will be applied to determine the amount of the payment. The following table shows minimum payments per \$1,000 of proceeds.

TABLE FOR OPTION 1						
No. of Years	Annually	Monthly		No. of Years	Annually	Monthly
1	\$1000.00	\$84.09		16	\$72.21	\$6.07
2	504.95	42.46		17	68.60	5.77
3	339.96	28.59		18	65.39	5.50
4	257.47	21.65		19	62.53	5.26
5	208.00	17.49		20	59.96	5.04
6	175.03	14.72		21	57.63	4.85
7	151.48	12.74		22	55.52	4.67
8	133.83	11.25		23	53.60	4.51
9	120.11	10.10		24	51.83	4.36
10	109.14	9.18		25	50.22	4.22
11	100.17	8.42		26	48.72	4.10
12	92.71	7.80		27	47.35	3.98
13	86.39	7.26		28	46.07	3.87
14	80.98	6.81		29	44.88	3.77
15	76.30	6.42		30	43.77	3.68

- B. **INCOME FOR A SELECTED AMOUNT** - The Company will pay a selected and fixed amount until the proceeds are exhausted. Interest at a rate set by the Company, but never less than 2% a year, will be applied to any unpaid balance.
- C. **LIFE INCOME** - The Company will make payments during a named person's lifetime. A minimum guaranteed period of 5, 10, 15, or 20 years may be used. No withdrawal of proceeds is permitted during the life of the annuitant. Payments or ages not shown in the following table will be furnished on request.

TABLE FOR OPTION 3									
Minimum Monthly Payment Per \$1,000 of Proceeds									
Age Nearest Birthday									
Age	MALE					FEMALE			
	Number of Years Guaranteed					Number of Years Guaranteed			
	5 Years	10 Years	15 Years	20 Years		5 Years	10 Years	15 Years	20 Years
55	\$3.90	\$3.88	\$3.83	\$3.74		\$3.60	\$3.59	\$3.57	\$3.52
56	3.99	3.97	3.91	3.81		3.68	3.67	3.64	3.59
57	4.09	4.06	3.99	3.88		3.76	3.75	3.72	3.65
58	4.19	4.15	4.08	3.95		3.85	3.83	3.79	3.72
59	4.30	4.26	4.17	4.02		3.94	3.92	3.88	3.80
60	4.41	4.36	4.26	4.09		4.04	4.02	3.96	3.87
61	4.53	4.48	4.35	4.16		4.14	4.12	4.05	3.94
62	4.66	4.60	4.45	4.23		4.25	4.22	4.15	4.02
63	4.80	4.72	4.56	4.31		4.37	4.33	4.24	4.10
64	4.95	4.85	4.66	4.38		4.49	4.45	4.35	4.18
65	5.10	4.99	4.77	4.45		4.63	4.57	4.45	4.26
66	5.27	5.13	4.88	4.52		4.77	4.70	4.56	4.34
67	5.45	5.29	4.99	4.59		4.92	4.84	4.68	4.42
68	5.63	5.44	5.10	4.65		5.08	4.99	4.79	4.49
69	5.83	5.61	5.21	4.71		5.25	5.14	4.91	4.57
70	6.04	5.77	5.32	4.77		5.44	5.30	5.04	4.64
71	6.26	5.84	5.43	4.82		5.64	5.47	5.16	4.71
72	6.94	6.13	5.54	4.87		5.85	5.65	5.28	4.78
73	6.74	6.31	5.65	4.92		6.08	5.84	5.41	4.83
74	7.00	6.50	5.75	4.96		6.32	6.04	5.53	4.89
75	7.28	6.69	5.85	5.00		6.59	6.24	5.65	4.94
76	7.57	6.88	5.94	5.03		6.87	6.45	5.77	4.98
77	7.88	7.08	6.03	5.06		7.17	6.67	5.88	5.02
78	8.20	7.27	6.11	5.08		7.49	6.78	5.98	5.05
79	8.54	7.46	6.19	5.11		7.84	7.11	6.07	5.08
80	8.90	7.65	6.26	5.12		8.20	7.33	6.16	5.10

- D. **JOINT AND SURVIVOR LIFE INCOME** - The Company will make payments during the lifetime of two persons, with payments continuing until the death of the survivor. This option includes a minimum guaranteed period of 10 years. No withdrawal of proceeds is permitted during the life of either annuitant. Payments will be in an amount determined by the Company, but not less than the amount shown in the following table. Minimum payments for ages not shown in the following table will be furnished on request.

TABLE FOR OPTION 4 Minimum Monthly Payment Per \$1,000 of Proceeds Age Nearest Birthday							
Male Age	Female Age						
	45	50	55	60	65	70	75
40	\$3.19	\$3.29	\$3.40	\$3.53	\$3.65	\$3.78	\$3.89
45	3.28	3.39	3.52	3.67	3.82	3.99	4.15
50	3.38	3.51	3.65	3.82	4.01	4.22	4.44
55	3.50	3.64	3.80	3.99	4.21	4.47	4.76
60	3.63	3.79	3.97	4.18	4.44	4.74	5.11
65	3.77	3.96	4.17	4.42	4.71	5.07	5.51
70	3.91	4.15	4.40	4.69	5.04	5.47	6.01
75	4.04	4.33	4.66	5.02	5.44	5.96	6.62

- E. **PROCEEDS LEFT AT INTEREST** - The Company will hold the proceeds on deposit. Interest payments will be made annually, semi-annually, quarterly or monthly, as elected. The Payee may withdraw all or part of the remaining proceeds and any interest. Interest at a rate set by the Company, but never less than 2% a year, will be applied.

OTHER BENEFIT PAYMENT ARRANGEMENTS

The proceeds may be paid in any other manner approved by the Company.

DEATH OF PAYEE

If any payments remain to be paid under a benefit payment option at the death of the Payee, payment will be made to the contingent Payee, if named, or to the estate of the Payee. The Payee is the Beneficiary unless otherwise designated in writing to the Home Office by the Beneficiary.

CONDITIONS

All of the following restrictions will apply to the benefit payment options, unless the Company agrees otherwise:

1. Any amount payable to an assignee will be paid in one lump sum.
2. In order to elect receipt of payment in other than a lump sum, the Policy proceeds must be at least \$5,000 and the selected option must generate periodic payments of at least \$50.
3. The benefit payment options other than a lump sum are not available if the proposed Payee is a corporation, estate, or other entity which is not a natural person.
4. To the extent permitted by law, proceeds will not be subject to claims of a Beneficiary's creditors.
5. The Payee may not assign, transfer, or encumber any periodic payment.
6. For benefit payment options which involve a joint life income, one of the persons on whose life payments are based must be the Owner, annuitant, or Beneficiary. The Company may require evidence of age, gender, and continuing survival.

VII. BENEFICIARY

DESIGNATION OF BENEFICIARY

The Beneficiary is as named in the Application or in the most recent change of Beneficiary.

CHANGE OF BENEFICIARY

While the Insured is alive the Owner may change the Beneficiary unless otherwise provided in the previous designation. A change of Beneficiary will automatically revoke any previous designation. A change of Beneficiary may be made by filing a written request in a form satisfactory to the Company at its Home Office. A change will not be in effect unless filed; but, if filed, it will be effective the date signed, subject to any payment made or action taken by the Company before We are notified of this change. If more than one Beneficiary is named without stating their respective interests they will share equally.

DEATH OF BENEFICIARY

Unless otherwise provided in the Beneficiary designation,

1. If any Beneficiary dies before the Insured, his interest will pass to any other Beneficiary(ies) as designated.
2. If no Beneficiary survives the Insured, the proceeds will be paid in one sum to the Owner, if living, otherwise to the Owner's current spouse, if any, or if there is no such spouse, to the Owner's estate.
3. If all irrevocable Beneficiaries have died, the Owner may name a new Beneficiary during the lifetime of the Insured.

An Irrevocable Beneficiary, if any, must consent to any change in Beneficiary.

VIII. OWNERSHIP AND ASSIGNMENT

OWNERSHIP

Unless an Owner is named in the Application or by a change of ownership, the Insured is the Owner. The Owner may exercise every right and enjoy every privilege provided by this Policy. These rights and privileges end at the Insured's death.

If the Owner is someone other than the Insured and the Owner dies, the Insured becomes the Owner.

The consent of any Irrevocable Beneficiary is needed to exercise any Policy right except the right to

1. Change the frequency of premium payments; or
2. Reinstate this Policy.

An irrevocable Beneficiary designation may change this provision.

ASSIGNMENT AND CHANGE OF OWNERSHIP

A change of Owner will automatically revoke any previous designation. A change of Owner may be made by filing a written request in a form satisfactory to the Company at its Home Office. A change will not be in effect unless filed; but, if filed, it will be effective the date signed, subject to any payment made or action taken by the Company before We are notified of this change.

An assignment as security for a loan will not cause a change of ownership. However, the rights of any Owner, Beneficiary, or other payee will be subject to the terms of the assignment.

No assignment or change of ownership will be binding on the Company unless it is in writing and received by the Company at its Home Office. The Company will not be responsible for determining the validity of any assignment.

IX. GENERAL PROVISIONS

THE CONTRACT

This Policy and attached Application make up the entire contract. Any statements made in the Application will be considered representations and not warranties, except in the case of fraud. No statement, unless made in the Application, will be used to void this Policy or to defend against a claim.

MISSTATEMENT OF AGE

If the age of the Insured has been misstated, the benefits under this Policy will be those which the premiums paid would have purchased for the correct age.

INCONTESTABILITY

The Company may not claim this Policy is void or deny payment of the death proceeds after the Policy has been in force during the Insured's lifetime for two years from the date of issue, except due to failure to pay premiums.

If this Policy is reinstated, the statements in the Application for Reinstatement will be incontestable after the Policy has been in force during the Insured's lifetime for two years from the effective date of the reinstatement. Any contest of the reinstatement of this Policy will be based on the Application for Reinstatement.

SUICIDE

If the Insured commits suicide, while sane or insane, within two years from the effective date of the Policy (or within one year of the date the Policy was delivered in Colorado, Missouri or North Dakota), Our liability will be limited to the premium paid for the Policy.

ALTERATIONS

Only the President, a Senior Vice-President, the Secretary, a Vice-President, an Assistant Vice-President, or Assistant Secretary of the Company has the power, on behalf of the Company, to change or waive any provision of this Policy. Any changes or waivers must be in writing.

DOCUMENTATION

At any time after the first Policy year, subject to Company approval, the amount of insurance may be decreased or supplementary benefits may be added or removed upon the Owner's written request. All elections, changes, and requests must be made in a form satisfactory to the Company. The Company shall not be liable for any action taken by it before an election, change, or request is received at the Home Office. The Company reserves the right to require return of the Policy for either of the following:

1. Payment of benefits; or
2. Endorsement of a change requested by the Owner.

CONFORMITY WITH STATE STATUTES

On the date of issue of this Policy, if any provisions of the Policy are in conflict with the laws of the state in which the Policy was issued, then these provisions are amended to conform to the minimum requirements of such laws.

TERMINATION

This Policy ends upon the occurrence of any of the following:

1. If premiums for the Policy are not paid before the end of the grace period.
2. If the Insured dies.
3. When the Policy is surrendered for its cash value.
4. If the Policy loan and loan interest equal or exceed the loan value.
5. On the Policy anniversary following the Insured's attaining age 121.

Whole Life Policy • Insurance Payable at the Death of Insured •
Guaranteed Premiums Payable for Premium Period Shown or Until Death of Insured •
Non-Participating



Please Print

Employee Number

1	PRIMARY APPLICANT INFORMATION	FIRST NAME	MIDDLE INITIAL	LAST NAME	Social Security Number				
		ADDRESS				<input type="checkbox"/> Male <input type="checkbox"/> Female	Height	Weight	
		CITY		STATE	ZIP	Date of Birth		Birth State	
		TELEPHONE NUMBER (home) (work)				Occupation			
2	DEPENDENT COVERAGE	SPOUSE'S FULL NAME		Social Security Number		Date of Birth	Birth State	Height	Weight
		Children (If applying for children's rider)							
		Name		Date of Birth	Name		Date of Birth		
		1.			4.				
		2.			5.				
3.			6.						
3	TOBACCO USE	Within the last 12 months, has any person to be insured used tobacco in any form (cigarettes, pipe, cigar, chewed, other)? <input type="checkbox"/> Yes <input type="checkbox"/> No							
		If "Yes," list name(s) _____							
4	COVERAGE OPTIONS	Life Insurance Benefits		Modal Premium Amount		Benefit Amount			
		<input type="checkbox"/> Primary		<input type="checkbox"/> 48 Week Rates <input type="checkbox"/> 52 Week Rates <input type="checkbox"/> Monthly Rates \$ _____		\$ _____			
		<input type="checkbox"/> Spouse		<input type="checkbox"/> 48 Week Rates <input type="checkbox"/> 52 Week Rates <input type="checkbox"/> Monthly Rates \$ _____		\$ _____			
		<input type="checkbox"/> Children's Rider		<input type="checkbox"/> 48 Week Rates <input type="checkbox"/> 52 Week Rates <input type="checkbox"/> Monthly Rates \$ _____		Level Benefit Amount	<input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$20,000		
				TOTAL PREMIUM \$ _____		Proposed Effective Date ____/____/____			
5	EXISTING INSURANCE REPLACEMENT	A. Do any of the applicants have any life insurance or annuity contracts in force? <input type="checkbox"/> Yes <input type="checkbox"/> No							
		B. Is this policy being purchased to replace any existing life insurance policy or annuity contract? <input type="checkbox"/> Yes <input type="checkbox"/> No If either question is answered "Yes," replacement forms may need to be completed.							
6	BENEFICIARY DESIGNATION	Beneficiary - Full Name & Relationship				IF DEPENDENT COVERAGE IS APPLIED FOR, THE PRIMARY APPLICANT WILL BE THE PRIMARY BENEFICIARY FOR ALL COVERED DEPENDENTS.			
		Contingent Beneficiary - Full Name & Relationship							
7	INTERIM COVERAGE	Is interim coverage being applied for? If "Yes," effective immediately, interim coverage will be provided as applied for either until the date the policy becomes effective, or until the owner is notified that no insurance policy will be issued. Interim coverage applies to the death benefit only. In no event will interim coverage be provided for more than 60 days from the date of this Application.						<input type="checkbox"/> Yes <input type="checkbox"/> No	
8	ANSWER THE FOLLOWING QUESTIONS	A. 1. Primary Applicant Only. Are you actively at work now and have you worked at least 30 hours a week for the last 3 months except for minor illnesses of one week or less or pregnancy?						Primary Yes No	
		2. Spouse/Children Only. Has any illness, injury or other health problem prevented any proposed Insured from working full-time at a regular occupation or performing the normal activities of a person of the same age?						Yes No	
		B. Has any person to be insured ever been treated for, diagnosed, or tested positive as having AIDS, ARC or the HIV infection						Yes No	
9	ANSWER THE FOLLOWING QUESTIONS	A. Has any proposed insured ever been diagnosed or treated for any of the following: Heart Attack, Stroke, Cancer or Carcinoma in situ (excluding non-invasive, non-melanoma Skin Cancer).						Yes No	
								Yes No	

<div>10</div> <div>If any question is answered "Yes," give complete details below</div>	A. Has any person proposed for coverage ever had symptoms of, been treated or advised to receive treatment for, been hospitalized for, had any investigation for, or been positively diagnosed as having any of the following:		Primary Yes No		Spouse/Children Yes No	
	1) any heart disease, heart surgery, heart attack, chest pain or angina, pacemaker implanted, heart rhythm disorder, heart valve disease or surgery, blood vessel disease or surgery, stroke, Transient Ischemic Attack, blood clots, or high blood pressure?.....		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2) any internal cancer, melanoma, leukemia, or lymphoma?.....		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	3) emphysema, chronic bronchitis, tuberculosis, sleep apnea, asthma or lung disorders causing a decrease in normal or daily activity?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	4) abnormal bleeding including that of the intestinal or urinary tract, anemia, kidney disease or renal failure, liver disease, hepatitis, pancreatic disease, or diabetes other than gestational diabetes?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	5) systemic diseases including but not limited to lupus, Multiple Sclerosis, Parkinson's disease, sarcoidosis, paralysis, rheumatoid arthritis, autoimmune or connective tissue disease or disorder?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	6) mental illness, including depression or anxiety requiring inpatient treatment or hospitalization, bipolar disorder, or history of suicide attempt?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	7) received or had treatment for drug or alcohol abuse or have used illegal drugs within the last 5 years?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	8) been advised to have any surgery, hospitalization, or diagnostic tests which have not been completed or results have not yet been received?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	B. Have you ever applied for a life insurance policy which was declined?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Question	Person to Whom It Applies	Names and Addresses of Physicians	Details of "Yes" answer including date & treatment received			
ADDITIONAL INFORMATION						
<div>11</div> <div>APPLICATION ACKNOWLEDGEMENT</div>	I have read, or had read to me, the above questions and my answers to them. To the best of my knowledge and belief, my answers are complete, true and correct.					
	No agent is authorized to extend, waive or change any terms, conditions or provisions of the Policy.					
	I understand EMC National Life Company, its reinsurers, insurance support organizations, and their authorized representatives, may obtain medical and other information in order to evaluate my Application for insurance. Any physician, practitioner, hospital, clinic, other medical or medically related facility, the Veterans Administration, the Medical Information Bureau, Inc., my employer and consumer reporting agency or insurance company who possesses information of care, treatment or advice of me, may furnish such information to EMC National Life Company or its reinsurers upon presenting this authorization or a photocopy. This information will not be released to others except as allowed by law or as I further authorize. I understand this authorization includes information about drugs, alcoholism or mental illness. This consent is subject to revocation at any time in writing. EMC National Life Company or its reinsurers may make a brief report regarding me to other companies to which I have applied or may apply. I understand that the insurance will become effective on the date the Application is approved by EMC National Life Company or the date elected in section 4. I have read the signature information and understand that my personal representative or I may receive a copy. I have also received a copy of the "Important Notice." This authorization will be valid from the date signed for a period of two years.					
	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.					
	Dated at _____ this _____ day of _____, _____ . City and State					
	_____ Primary Applicant's Signature			_____ Spouse's Signature (if applying for coverage)		
	_____ Owner's Signature (if other than Primary Applicant)			_____ Owner's Signature (if other than Spouse)		
<div>12</div> <div>AGENT CERTIFICATION</div>	I as agent, represent that to the best of my knowledge, the insurance applied for <input type="checkbox"/> will <input type="checkbox"/> will not replace any existing life insurance or annuity(ies).					
	I certify that I have accurately recorded information given to me by the Applicant.					
	_____ Agent's Signature (witness)			_____ Agent's Code Number		

SERFF Tracking Number: *EMCN-125815228*

State: *Arkansas*

Filing Company: *EMC National Life Company*

State Tracking Number: *40305*

Company Tracking Number:

TOI: *L071 Individual Life - Whole*

Sub-TOI: *L071.121 Graded Premium - Single Life*

Product Name: *Whole Life Insurance Policy*

Project Name/Number: */*

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: EMCN-125815228

State: Arkansas

Filing Company: EMC National Life Company

State Tracking Number: 40305

Company Tracking Number:

TOI: L071 Individual Life - Whole

Sub-TOI: L071.121 Graded Premium - Single Life

Product Name: Whole Life Insurance Policy

Project Name/Number: /

Supporting Document Schedules

Review Status:

Satisfied -Name: Certification/Notice

09/12/2008

Comments:

Certification attached.

Attachments:

AR Certificate of Compliance.pdf


AR Readability Certificate.pdf

STATE OF ARKANSAS
CERTIFICATE OF COMPLIANCE

I hereby certify that this submission complies with the Arkansas Rule and Regulation 19 which relates to eliminating the act of denying benefits or coverage on the basis of sex or marital status in the terms and conditions of insurance contracts or underwriting criteria, as applicable.

I hereby certify that this submission complies with the Arkansas Rule and Regulation 49 which relates to providing Life and Health Guaranty Association notices, as applicable.

I hereby certify that this submission complies with the Arkansas Statutes – Insurance Laws 23-79-138 which relates to required policy information on every policy of life insurance, accident and health insurance issued, as applicable.



Daryl Schoenfeld
Assistant Secretary

September 19, 2008


Date

READABILITY

CERTIFICATION

I certify to the best of my knowledge that form ELP002 (9-08), et al is readable based on the factors specified in Sections 66-3251 to 66-3258 of the Arkansas Statutes. The Flesch Scores are as follows:

<u>Form Number</u>	<u>Flesch Score</u>
ELP002 (9-08)	50.0
EAP007 (9-08)	56.5



Daryl Schoenfeld
Assistant Secretary

September 19, 2008

Date

AR